

# ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

Effective Date:

Area 46

Incoming DCM (District Committee Member)

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Outgoing DCM (District Committee Member)

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Incoming DCMC (District Committee Meeting Chair) – if applicable

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Outgoing DCMC (District Committee Meeting Chair) – if applicable

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Incoming Alternate DCM

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Outgoing Alternate DCM

Name: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (check one) home  work

Email: \_\_\_\_\_ (check one) home  work

Return to: Area 46 Registrar, PO Box #####, Albuquerque, NM 87110  
Email: area46registrar@pobox.com Fax: 505-255-3003 Questions? 800-805-0055